State of Virginia STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A BUILDING: B. WING 10/05/2021 VA0270 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE WESTPORT REHABILITATION AND NURSING CENTER RICHMOND, VA 23226 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 000 F 000 Initial Comments An unannounced biennial State Licensure Inspection was conducted 9/28/21 through 9/30/21 and 10/4/21 through 10/5/21. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Five complaints were investigated during the survey. The census in this 225 certified bed facility was 192 at the time of the survey. The survey sample consisted of 60 current resident reviews and 24 closed record reviews. 1. The following employees' files were corrected F 001 F 001 Non Compliance accordingly CNA#21, LPN#20, RN#5, LPN#21, OSM#13, RN#6, OSM#15, CNA#17, CNA#18, LPN#22, RN#7, CNA#19, LPN#4, OSM#14. The facility was out of compliance with the 2. All current staff files reviewed to ensure following state licensure requirements: contents of background checks, license verification, and sworn statements are present. This RULE: is not met as evidenced by: 3. DON or designee will provide facility Human 12 VAC 5 - 371 - 140 E Resource Team education on policy for required Based on staff interview, facility document review documentation on new hires to include, swom statements, license verification and background and employee record review, it was determined checks. the facility staff failed to complete sworn 4. HR or designee will audit 10% of all staff to statements, criminal background checks within 30 ensure acquisition of mandatory onboarding days of employment and/or check licenses for requirements weekly times 4 weeks and monthly fourteen of 25 employee record reviews, (LPN times 2 to ensure completion of necessary (licensed practical nurse) #20, RN (registered documentation. Any identified issues will be immediately corrected. Results will be reported to nurse) #5, LPN #21, OSM (other staff member) Quality Assurance committee for analysis and #13, staff development, RN #6, CNA (certified revision x 3 months. nursing assistant) #17, CNA #18, LPN #22, RN 5. Date of compliance will be #7, CNA #19, LPN #4, OSM #14 physical therapist, OSM #15 maintenance director and 11/19/21 CNA #21). The findings include: RECEIVED Twenty-Five employee records were reviewed. The following staff member had the following NOV 30 2021 missing or late items in the personnel file:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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State of Virginia STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 10/05/2021 VA0270 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE WESTPORT REHABILITATION AND NURSING CENTEI RICHMOND, VA 23226 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (FACH CORRECTIVE ACTION SHOULD BE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 001 F 001 Continued From page 1 LPN (licensed practical nurse) #20 was hired on 4/7/2021. The application documented, Question 3. Have you ever been convicted of any crimes? This was left blank. RN (registered nurse) #5 was hired on 3/3/2021. The application documented, Question 3. Have you ever been convicted of any crimes? This was left blank. OSM (other staff member) #13, staff development was hired on 2/3/2021. The application documented, Question 3. Have you ever been convicted of any crimes? This was left blank. RN #6 was hired on 6/23/2021. The application documented, Question 3. Have you ever been convicted of any crimes? This was left blank. LPN #21 was hired on 11/3/2020. The application documented, Question 3. Have you ever been convicted of any crimes? This was left blank. The Virginia State Police Background Check was dated 10/5/2021. There was no license documented at the time of hire and none in the personnel file. CNA (certified nursing assistant) # 17 was hired on 5/12/2021. The application documented, Question 3. Have you ever been convicted of any crimes? This was left blank. CNA #18 was hired on 5/19/2021. The application documented, Question 3. Have you ever been convicted of any crimes? This was left blank. LPN #22 was hired on 4/21/2021. The application documented, Question 3. Have you ever been convicted of any crimes? This was left blank. RN #7 was hired on 2/28/2020. The only license verification was dated 5/31/2021. No license information was documented at time of hire. CNA #19 was hired on 11/20/2020. The only license verification was dated 3/25/2021. No license information was documented at time of hire.

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State of Virginia (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: _ C B. WING VA0270 10/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE WESTPORT REHABILITATION AND NURSING CENTEI RICHMOND, VA 23226 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 001 Continued From page 2 F 001 LPN # 4 was hired on 8/4/2021. The application documented, Question 3. Have you ever been convicted of any crimes? This was left blank. The Virginia State Police Background Check was dated 9/29/2021, 56 days after hire. OSM # 14, physical therapist, was hired on 8/9/2021. The application documented, Question 3. Have you ever been convicted of any crimes? This was left blank. OSM #15, maintenance assistant, was hired on 6/16/2021. The application documented, Question 3. Have you ever been convicted of any crimes? This was left blank. CNA #21 was hired on 12/9/2020. There was no license documented at the time of hire. The only documentation of a license check was dated, 7/16/2021. An interview was conducted with OSM #9, the Director of Human Resources, on 10/5/2021 at 12:02 p.m. When asked why she did a Virginia State Police Background Check this morning for LPN #21. OSM #9 stated she did not see it in the personnel record for LPN #21 and completed it. OSM #9 stated she just started on 9/8/2021. The above were reviewed with OSM #9. OSM #9 stated the background checks were probably not done. The missing license verification upon hires were probably thrown out. OSM #9 stated there had not been a Human Resources staff member for three months prior to her arrival. The facility policy, "Abuse Prevention Program" documented in part, 2. Conduct employee background checks and will not knowingly employ or otherwise engage any individual who has: a. Have been found guilty of abuse, neglect, exploitation, misappropriation of property or mistreatment by a court of law. b. Have had a finding entered into the State nurse aide registry

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PRINTED: 10/19/2021 FORM APPROVED State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: C B. WING VA0270 10/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE WESTPORT REHABILITATION AND NURSING CENTEL RICHMOND, VA 23226 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 12 VAC 5 - 271 - 150 B 1 Cross F 001 Continued From page 3 F 001 referenced to POC for F559 concerning abuse, neglect, exploitation, 12 VAC 5 - 371 - 220 H cross mistreatment or residents or misappropriation of referenced to POC for F580 their property; or c. Have a disciplinary action in 12 VAC 5 - 371 - 370, Maintenance effect against his or her professional license by a state licensure body as a result of a finding of and housekeeping cross abuse, neglect, exploitation, mistreatment of referenced to POC for F584 residents or misappropriation of resident 12 VAC 5 - 371 - 370, Maintenance property." and housekeeping cross referenced to POC for F584 12 VAC 5 - 371 - 150 A+B cross ASM (administrative staff member) #2, the references to POC for F585 director of nursing, was made aware of the above concern on 10/5/2021 at 1:58 p.m. 12 VAC 5 0 371 330A - I cross references to POC for F604 No further information was obtained prior to exit. 12 VAC5 - 271 - 250, Resident F 582 - there is no cross reference to state assessment and care planning regulations Cross referenced to POC for F637 F 730 - there is no cross reference to state 12VAC 5 - 371 - 140 F 2 - cross referenced to POC for F645 12 VAC 5 - 371 - 300 - cross references to F 761 12 VAC 5 - 371 - 250 F. G - cross 12 VAC 5 - 371 - 150 B 1 cross references to F referenced to POC for F656 12 VAC 5 - 371 - 250 F, 12VAC 5 12 VAC 5 - 371 330 A - I - cross references to F -371 - 210, Nurse staffing, cross references POC for f657 12vac 5 - 371 - 200 - B1, cross 12 VAC 5 - 371 - 250 F - cross references to F references to the POC for F658 12VAC 5 -220B, C1, 12VAC5 -371 - 220 cross references to 12 VAC 5 - 371 - 220 B - cross references to F 695 POC for F686

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12 VAC 5 - 371 - 270 A, E - cross references to F

12 VAC 5 - 371 - 220 H - cross references to F

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12VAC 5 0 371 - 220 . Nursing

services, 12 VAC 5 - 371 - 250, Resident assessment and care planning, 12VAC 5 - 371 - 140

cross referenced to POC for F695

State of Virginia (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ С B. WING 10/05/2021 VA0270 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE WESTPORT REHABILITATION AND NURSING CENTEI RICHMOND, VA 23226 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 12VAC 5 - 220 A - cross references F 001 F 001 Continued From page 4 to POC for F697 12 VAC 5 - 371 - 150 A + B - cross references to 12 VAC 5 - 371 - 220 A +B cross F 585 references to the POC for F698 12 VAC 5 - 371 - 140 D 2 - cross referencees to F 12vac 5 - 371 - 370 A + B - cross 645 references to the POC for F700 12 VAC 5 - 371 - 250 F, G - cross references to F 12VAC 5 - 371 - 270 A, E - Cross references to the POC f745. 12 VAC 5 - 371 - 200 - B.1 - cross references to F 12VAC - 371 - 240 A - cross 658 references to the POC for f812 12 VAC 5 - 220 B, C 1 - cross references to F 686 12 VAC 5 - 220 A - cross references to F 697 12 VAC 5 - 371 - 220 A + B - cross references to F 698 12 VAC 5 - 371 - 370 A + B - cross references to F 700 12 VAC 5 - 371 - 220 B - cross references to F 12 VAC 5 - 371 - 340 A - cross references to F 12 VAC 5 - 371 - 140 D.10 - cross references to F 840. 12VAC5-371-140. Policies and Procedures. Cross references to F695 12VAC5-371-210. Nurse staffing Cross reference to F657

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12VAC5-371-220. Nursing services

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FORM APPROVED State of Virginia (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: __ C B. WING 10/05/2021 VA0270 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE WESTPORT REHABILITATION AND NURSING CENTEI RICHMOND, VA 23226 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 001 F 001 Continued From page 5 Cross reference to F695 12VAC5-371-250. Resident assessment and care planning. Cross reference to F637, F656, F657, F695 12VAC5-371-220. Nursing services cross reference to F686. 12VAC5-371-360. Clinical records cross reference to F842. 12VAC5-371-370. Maintenance and housekeeping cross reference to F584.

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